

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: LOW-DOSE TABLETS HAVING A NETWORK
OF POLYMERS

Attorney Docket Number:: 1017753-000221

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?: No

Latin Name:

Variety Denomination Name:

Petition Included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor

Primary Citizenship Country: France

Status: Full Capacity

Given Name: Pierre

Middle Name:

Family Name: TCHORELOFF

Name Suffix:

City of Residence: Bures sur Yvette

State or Province of Residence:

Country of Residence: France

Street of Mailing Address: 30 bis, boulevard Pasteur

City of Mailing Address: Bures sur Yvette

State or Province of Mailing
Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing
Address:: F-91440

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Bernard

Middle Name::

Family Name:: LECLERC

Name Suffix::

City of Residence:: Igny

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 39, rue Ambroise Croisat

City of Mailing Address:: Igny

State or Province of Mailing
Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing
Address:: F-91430

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Guillaume
Middle Name::
Family Name:: BENOIST
Name Suffix::
City of Residence:: Chartres
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 15, rue Saint-Julien, Bâtiment 1A
City of Mailing Address:: Chartres
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-28000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Laurent
Middle Name::
Family Name:: BERTOCCHI

Name Suffix::

City of Residence:: Sylvains Les Moulins

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: 1, Bois de Louvine, La Millerette

City of Mailing Address:: Sylvains Les Moulins

State or Province of Mailing
Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing
Address:: F-27240

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application:: **Continuity Type::**

Parent Application:: **Parent Filing**

Date::

This Application

National Stage of

PCT/FR2004/002890 11-10-2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
------------------	-----------------------------	----------------------	-------------------------------

France	0313188	11/10/2003	Yes
--------	---------	------------	-----

Assignee Information

Assignee Name:: Ethypharm

Street of Mailing Address:: 21, rue Saint Mathieu

City of Mailing Address:: F-78550 Houdan

**State or Province of Mailing
Address::**

Country of Mailing Address:: FRANCE

**Postal or Zip Code of Mailing
Address::** F-78550